



OFFICE USE ONLY	
Client ID:	
W/ID:	

Application Form

Life Support Equipment Energy Subsidy

The life support equipment energy subsidy is provided to assist eligible persons to meet the energy costs associated with operating life support equipment in their home under specialist medical advice.

See more information at WA.gov.au/government/publications/apply-the-life-support-equipment-energy-subsidy

For a faster and easier application, apply online using the [Online Services Portal](#).

See the [Energy Subsidy Schemes Portal Guide](#) for information about how to apply online.

To apply using this form, complete and attach it to www.osr.wa.gov.au/EnergySubsidiesEnquiry or return it to RevenueWA, Grants and Subsidies, GPO Box T1600 PERTH WA 6845.

Energy supply outages

Keeping you safely connected to the electricity supply is vital. If you have not already done so, please contact your electricity retailer to register as a life support customer as soon as possible. See details on your electricity retailer's website or phone them directly.

Patient

First name		Middle name	
Surname		Date of birth	/ /

Guardian / Caregiver

Complete this section if the patient does not hold a valid concession card or is unable to sign this form due to age or disability.

First name		Middle name	
Surname		Date of birth	/ /
Relationship to patient		Do you live with the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Concession card details

A Commonwealth Seniors Health Card is not an eligible concession card for this subsidy

<input type="checkbox"/> Pensioner Concession Card	<input type="checkbox"/> Health Care Card	<input type="checkbox"/> Health Care Interim Voucher	
Name on card		Card number	

Contact and address details (please tick the primary contact)

Patient	<input type="checkbox"/>	Phone		Email	
Guardian / Caregiver	<input type="checkbox"/>	Phone		Email	
Home address Where the equipment is being used					
Postal address If different to the address above					

Bank account details (Australian savings or cheque account)

Bank or financial institution (e.g. ANZ)			BSB				-			
Account number (up to 9 digits)										
Name of the account holder										

If the nominated bank account details you provide are incorrect resulting in payment to an incorrect account, RevenueWA will attempt to recover the funds. If recovery is unsuccessful, you will not be entitled to a duplicate payment.

Authorisation and declaration

I understand:

- Services Australia will use the information I have provided to RevenueWA to confirm eligibility for the subsidy and will disclose to RevenueWA personal information including the card holder's name, address, payment and concession card type and status.
- this consent, once signed, remains valid unless the cardholder withdraws it by contacting RevenueWA or Services Australia.
- the cardholder can obtain proof of their circumstances from Services Australia and provide it to RevenueWA so that eligibility for the subsidy can be determined.
- if consent is withdrawn or proof of circumstances is not provided, the patient may not be eligible for the subsidy.
- Energy Policy WA may review the patient's eligibility for the subsidy and may access the patient's medical records for the purposes of review.
- I will be required to repay any subsidy paid if eligibility has been determined based on incorrect information.

I authorise:

- RevenueWA to access Centrelink Confirmation eServices (Services Australia) to confirm the entitlement and customer details of the concession card provided in this application to determine if the patient qualifies for a subsidy.
- Services Australia to provide the results of that enquiry to RevenueWA.
- RevenueWA to contact the medical practitioner or specialist who signed this application to confirm or seek additional information about this application.
- Energy Policy WA to access the patient's medical records for the purpose of reviewing eligibility for the subsidy.
- payment of the subsidy into the account nominated in this application.

I declare:

- the information in this form is true and correct to the best of my knowledge and belief.
- this subsidy is to offset the cost of energy use associated with the use of life support equipment for the patient at the home address shown on this form.
- neither I nor the patient are currently claiming this subsidy for the patient at another address.
- if applying as the guardian/caregiver, I hold a valid concession card and reside at the same home address as the patient.
- If I am not the patient/concession cardholder, I have consent from the patient/concession cardholder to make this application on their behalf and provide the authorisations listed above.
- I will notify RevenueWA in writing immediately of any change in contact details and address information.
- I will notify RevenueWA in writing immediately of any change in circumstances that affects entitlement to the subsidy.

Full name		<input type="checkbox"/> Patient	<input type="checkbox"/> Guardian/Caregiver
Signature		Date	

Medical Authorisation - Specialist Medical Practitioner or General Practitioner to complete			
Patient's full name			
Patient lives within Perth metropolitan area		<input type="checkbox"/> Specialist medical practitioner or practitioner working in a specialist department of a hospital <input type="checkbox"/> a hospice doctor	
Patient lives outside Perth metropolitan area		<input type="checkbox"/> a doctor/general practitioner who also works on an occasional basis from a local hospital/rural health service	
Practitioner details			
First name		Surname	
Email address			
Provider number		Phone number	
Postal address			
Name of hospital/hospice/rural health service		Add stamp	
Position in hospital/hospice			
Item(s) prescribed			Qty
Apnoea monitor (Child only)			
CPAP Machine	(Adult) - only when clinically prescribed for obesity hypoventilation syndrome, tracheomalacia, obstructive sleep apnoea with sleep hypoventilation or other life-threatening disease as determined by a specialist, with usage over four hours per night (Child) - only when clinically prescribed for severe obstructive sleep apnoea, tracheomalacia or other life-threatening disease as determined by a specialist		
Feeding pump			
Heart pump			
Machine assisted peritoneal dialysis equipment			
Nebuliser	(Adult) - Only when a tracheostomy is expected to be in place for more than 6 months and nebulised therapy is required for life support purposes (Child) - Only when used for 1-2 hours per day		
Oxygen concentrator - standard capacity (Adult)			
Oxygen concentrator – high capacity 'New Life Intensity' (Adult)			
Oxygen concentrator (Child)			
Suction pump			
Ventilator – VPAP or BPAP machines			
If 2 or more items of the same equipment prescribed, I confirm the multiple items are being used by the patient at the same time			<input type="checkbox"/>
<ul style="list-style-type: none"> I certify the equipment detailed in this application has been provided for the patient named. I acknowledge the applicant's/patient's consent to access the medical records for the purposes of reviewing and auditing the subsidy and will cooperate in making the records available. I declare all information I have provided on this medical authorisation is true and correct. 			
Doctor's signature		Date	